

Sand Sage Legal Nurse Consulting

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Natalie Elena Dotson

Date: 12/20/2017

Summary Report

My review of Natalie Elena Dotson Medical Records from Gallup Indian Medical Center Emergency Department Records, Gallup Medical Flight Pre-Hospital Care Report, and Deposition of Ella M. Begay conclude the following issues contradict Standards of Care related to mechanical ventilation and fall within the responsibility of both the nurse and respiratory therapist.

- 1) Nurse, Kelli Smith and Respiratory Therapist, Ella Begay did not provide adequate monitoring or a concrete plan of care for Natalie Dotson thus leading to Respiratory Failure, Bradycardia, Cardio-Pulmonary Arrest and a Severe Anoxic Brain Injury. Monitoring a Pediatric Patient who has an ETT in place, needs to include monitoring heart rate, blood pressure, oximetry, and ETCO₂. Also, a patient's respiratory status including rate, rhythm, lung sounds, and need for suctioning needs to take place at least every 5-15 minutes.
- 2) "Monitoring Electrocardiography Monitor cardiac rhythm as soon as possible of both normal and abnormal cardiac rhythms are identified and followed.
Continuous monitoring is helpful in tracking responses to treatment and changes

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in clinical condition." *Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Pediatric Advanced Life Support: 2010 American Heart Association Guideline.*

According to Ella Begay's deposition nurse Kelli Smith was talking to the scanner in the CT Room versus watching the monitor when Natalie Dotson became bradycardic and coded.

- 3) Nurse, Kelli Smith did not give any type of communication handoff to respiratory therapist Ella Begay which lead to patient harm. According to the Joint Commission Perspective, August 2012, the handoff process involves "senders," those caregivers transmitting important patient information and transitioning the care of a patient to the next clinician, and "receivers," those caregivers who accept the patient information and care of that patient. In addition to causing patient harm, defective handoff's can lead to delays in treatment, inappropriate treatment, and increased length of stay in the hospital. In this specific incident inappropriate treatment resulted in a severe anoxic brain injury.
 - 4) The Nursing Code of Ethics, Provision 2 states, "the nurse's primary commitment is to the patient, whether, an individual, family, group, or community.
- 2.2 Conflict of interest for nurses- Nurses are frequently put in situations of conflict arising from competing loyalties in the workplace, including situations of conflicting expectations from patients, families, physicians, colleagues, and in many cases healthcare organizations and health plans. Nurses must examine

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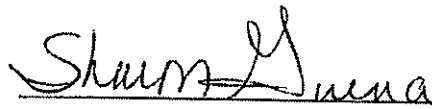
the conflicts arising between their own personal and professional values, the values and interests of others who are also responsible for patient care and health care decisions, as well as those of patients. Nurses strive to resolve such conflicts in ways that ensure patient safety, guard the patients best interest and preserve the professional integrity of the nurse.

Nurse Kelli Smith did not carryout nursing responsibilities in a manner consistent with quality nursing care and the ethical obligations of the profession related to the care of Natalie Elena Dotson. The conflict that developed between Kelli Smith, Nurse and Ella Begay, Respirator Therapist is a significant factor identifying unprofessional behavior eliminating competent nursing care.

- 5) Standard Equipment was not utilized during initial intubation of Natalie Dotson. There was no suction equipment including Yankauer tip and straight suction catheter, of appropriate size. This equipment is necessary to ensure safety of the airway.
- 6) No ETCO₂ Monitor was utilized to provide instantaneous information about ventilation (how effectively CO₂ is being eliminated by the pulmonary system), perfusion (how effectively CO₂ is being transported through the vascular system), and metabolism (how effectively CO₂ is being produced by cellular metabolism). Capnography also assists in confirming proper endotracheal tube (ETT) placement.

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- 7) In Pediatrics after ETT Placement, auscultating peripheral lung fields (under axilla) for equal breath sounds is necessary. If air is heard entering stomach and there is no ETCO₂ confirmation, the ETT should be removed immediately and Bag-Valve-Mask Ventilation provided. Nurse Kelli Smith documents (-) over epigastric but does not listen under axilla or confirm by capnography monitoring. ETT also remained in place without confirming placement.
- 8) No Portable Chest X-ray obtained to confirm placement of ETT.
- 9) No Ventilator was connected to Natalie Dotson after initial insertion of ETT.
- 10) Arterial Blood Gas sample should be drawn within 5-15 minutes after intubation to assess effectiveness of mechanical ventilation. This was not done with initial intubation.


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